

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140

Registered No. 468

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

Lower Miami

or Village

City

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Susie Coleen Jones

3. Sex of Child

To be answered ONLY
in event of plural
births.

Female

4. Twin, triplet or other

6. Legitimate?

7. Date
of birth

Month Day Year

Nov 7-1928

5. No., in order of birth

Yes

8.

FATHER

Full name

Walter Jackson Jones

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami
Arizona

10. Color or race

White

11. Age at last birthday

32

(Years)

12. Birthplace (city or place)

(State or country)

Texas

13. Occupation

Nature of Industry

Locusts
Fruit Packing Co.

14.

MOTHER

Full maiden name

Ruth Lorena Richardson

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami
Arizona

16. Color or race

White

17. Age at last birthday

28

(Years)

18. Birthplace (city or place)

(State or country)

Hillsboro
New Mexico

19. Occupation

Nature of Industry

H. W.

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

2

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against oph-
thalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive at 6:45 P.M. on the date above stated

Signature

Charles E. Smith

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address

Miami Arizona

Filed

Nov 12, 1928 C. E. Smith

Registrar

Registrar

212-1107-915